

Lumpkin County

Board of Commissioners

CERTIFICATE OF TAX AUTHORITY APPLICATION

It shall be the duty of every operator of a room, lodging or accommodation located within the unincorporated area of Lumpkin County to collect the tax on occupants as imposed by Ordinance 89.2.

Business Start Date: _____ LC Business License #: _____

Business Name: _____

DBA (Doing Business As): _____

Business Location: _____
(MUST BE A PHYSICAL LOCATION, NOT A POST OFFICE BOX)

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____, **Email:** _____

Type of Ownership: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation
☐ Other _____

Business Owner: _____, Phone # _____

Home Address: _____

City: _____, State: _____, Zip Code: _____

Ga. Sales Tax #: _____ Federal Employer I.D. #: _____

State License #: _____ Name on License: _____

Expiration Date: _____

I, _____, being the owner of the business entity listed above, declare the information contained in this application is true and correct to the best of my knowledge.

(Signature of Applicant)

(Date)